## **APPLICATION DATA SHEET**

## **Application Information**

IAP20 Rec'd POT/770 31 JAN 2006

| Application Number::             |  |
|----------------------------------|--|
| Filing Date::                    |  |
| Application Type::               | Regular  |
| Subject Matter::                 | Utility  |
| Suggested Classification::       |  |
| Suggested Group Art Unit::       |  |
| CD-ROM or CD-R?::                | None   |
| Number of CD Disks::             |  |
| Number of Copies of CDs::        |  |
| Sequence Submission?::           |  |
| Computer Readable Form (CRF)?::  | No   |
| Number of Copies of CRF::        |  |
| Title::                          | DISTRIBUTED QUALITY-OF-SERVICE MANAGEMENT SYSTEM |
| Attorney Docket Number::         | 1034289-000009                                   |
| Request for Early Publication?:: | No   |
| Request for Non-Publication?::   | No   |
| Suggested Drawing Figure::       | 4  |
| Total Drawing Sheets::           | 7  |
| Small Entity?::                  | Yes  |
| Latin Name::                     |  |
| Variety Denomination Name::      |  |

| Petition Included?::                   | No                  |
|--|---------------------|
| Petition Type::                        |                     |
| Licensed US Govt. Agency::             |                     |
| Contract or Grant Numbers::            |                     |
| Secrecy Order in Parent Appl.?::       | No                  |
| Applicant Information                  |                     |
| Applicant Authority Type::             | Inventor            |
| Primary Citizenship Country::          | Germany             |
| Status::                               | Full Capacity       |
| Given Name::                           | Vahid               |
| Middle Name::                          | Robert              |
| Family Name::                          | MIRBAHA             |
| Name Suffix::                          |                     |
| City of Residence::                    | Eching              |
| State or Province of Residence::       |                     |
| Country of Residence::                 | Germany             |
| Street of Mailing Address::            | Obere Hauptstr. 22, |
| City of Mailing Address::              | Eching              |
| State or Province of Mailing Address:: |                     |
| Country of Mailing Address::           | Germany             |
| Postal or Zip Code of Mailing          | 85386               |

| Applicant Authority Type::              | Inventor            |
|---|---------------------|
| Primary Citizenship Country::           | Germany             |
| Status::                                | Full Capacity       |
| Given Name::                            | Matthias            |
| Middle Name::                           |                     |
| Family Name::                           | HOFMANN             |
| Name Suffix::                           |                     |
| City of Residence::                     | Mindelheim          |
| State or Province of Residence::        |                     |
| Country of Residence::                  | Germany             |
| Street of Mailing Address::             | Fruhlingstrasse 58, |
| City of Mailing Address::               | Mindelheim          |
| State or Province of Mailing Address::  |                     |
| Country of Mailing Address::            | Germany             |
| Postal or Zip Code of Mailing Address:: | 87719               |
| Applicant Authority Type::              | Inventor            |
| Primary Citizenship Country::           | Germany             |
| Status::                                | Full Capacity       |
| Given Name::                            | Thomas              |
| Middle Name::                           |                     |
| Family Name::                           | KELZ                |
| Name Suffix::                           |                     |
| City of Residence::                     | Borgsdorf           |

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: Krokusweg 5,

City of Mailing Address:: Borgsdorf

State or Province of Mailing

Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing

16556

Address::

**Correspondence Information** 

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

**Representative Information** 

Representative Customer Number:: 21839

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing

Date::

This Application National Stage of PCT/EP2004/008581 07/30/04

**Foreign Priority Information** 

Country:: Application Number:: Filing Date:: Priority

Claimed::

Europe 03017485.8 08/01/03 Yes

## **Assignee Information**

Assignee Name:: FG MICROTEC GMBH

Street of Mailing Address:: Kronstadter Strasse 9,

City of Mailing Address:: Munchen

State or Province of Mailing

Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing

Address::

81677